

Safety Alert 05-16 Heat Injury



Another Fort Leonard Wood Soldier has suffered a heat injury. There is clear evidence that the effects of heat stress are both dose-related and cumulative. Heat casualties related to exercise increase progressively as air temperature climbs, beginning at a Heat Index of about 65°F. The extended heat wave experienced over the past several weeks is taking it's toll. We must all be extremely diligent to prevent any more such injuries. All heat injuries are serious and require treatment; if left undiagnosed or untreated, they can be FATAL.

All leaders should conduct an immediate evaluation of their heat injury prevention programs, to ensure that these programs are thorough, effective and that they are being properly executed.

REMEMBER: Current temperature is <u>not</u> the only risk factor for heat injuries. The effects of heat are cumulative.

Commanders need to consider the following:

- **H** Heat category the past 3 days
- **E** Exertion level the past 3 days
- A Acclimation/other individual risk factors
- T Time of heat exposure--to include nights--and recovery time

In addition, leaders should review:

- MSO Safety Alert 05-08, Heat Injury Prevention
- GTA 05-08-012 Individual Safety Card
- TRADOC Reg 350-29, Prevention of Heat and Cold Casualties, 16 JUL 03
- TRADOC Reg 350-6 ENLISTED INITIAL ENTRY TRAINING (IET) POLICIES AND ADMINISTRATION 15 AUG 03, Appendix I: Heat Casualty and Injury Prevention

Remember Heat Injury Keys:

Acclimatization: Need 10-14 days to get adequately acclimated.

Accumulative: Cumulative days (2-3 days) of exposure to increased heat and increased exertion levels.

Awareness: Inform everyone of steps to prevent heat injuries.

Adjustment: Leaders must adjust training and other activities based upon current weather conditions – especially increased levels of heat - conditions of Soldiers, and other factors.

Enforcement: Monitor and enforce hydration standards, eating of meals and random checks.

Report: Report actual or suspected cases of heat exhaustion or heat stroke immediately.

Risk Management: Current risk assessment, updated prior to each day's training, and as conditions change. Discuss control measures from risk assessments with everyone involved in the training (suggest using the Heat Injury Risk Management Matrix in TRADOC Reg 350-29, appendix B, Handout 2).

Reaction: Immediately call for emergency transport.

Salt: Add table salt to food when the heat sategory is high; salt tablets are <u>not</u> recommended.